

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

DEPARTMENT		SECTION		LOC. CODE		DIRECTOR	
DIVISION		REGION		LOC. NAME		SUPERVISOR	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME				FIRST NAME			
ADDRESS				ZIP		RESIDENCE PHONE	
WHERE CAN EMPLOYEE BE CONTACTED?				WHEN?			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY			
VEHICLE NO.		YEAR		MAKE		MODEL	
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				VIN (VEHICLE IDENTIFICATION NO.)	
NAME OF DRIVER		AGE		ADDRESS OF DRIVER			
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE				USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN VEHICLE BE SEEN?	
						WHEN?	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE			
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?	
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH.	
						OTHER VEH.	
						OTHER	
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE (PREPARED BY)	

02-919 (03/06)

ONE COPY - RISK MANAGEMENT

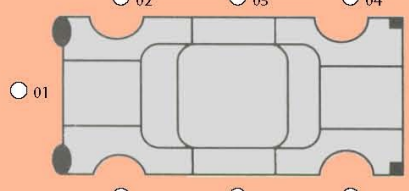
SECOND COPY - AGENCY FILES

ALASKA MOTOR VEHICLE CRASH FORM 12-209										SR #		
CRASH INFORMATION (One choice per field unless otherwise noted. Other* should be explained in narrative)												
Total # Vehicles	Crash Date	Time of Crash	<input type="radio"/> am <input type="radio"/> pm	Crash Day	<input type="radio"/> 01 MON <input type="radio"/> 02 TUE	<input type="radio"/> 03 WED <input type="radio"/> 04 THU	<input type="radio"/> 05 FRI <input type="radio"/> 06 SAT	<input type="radio"/> 07 SUN	Crash occurred in (City / Borough)			
Name of Street or Highway				<input type="radio"/> Miles <input type="radio"/> Feet	<input type="radio"/> North of: <input type="radio"/> East of:	<input type="radio"/> South of: <input type="radio"/> West of:	Name of Cross Street, Highway, Bridge, etc.			OFFICIAL USE ONLY Location Control Reference Point		
Weather <input type="radio"/> 01 Blowing dirt, snow <input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 02 Clear <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 03 Cloudy <input type="radio"/> 09 Snow <input type="radio"/> 04 Fog/ smoke <input type="radio"/> 10 Other* <input type="radio"/> 05 Ice fog <input type="radio"/> 11 Not reported <input type="radio"/> 06 Rain <input type="radio"/> 12 Unknown				Lighting <input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 07 Not reported <input type="radio"/> 02 Dark - not lighted <input type="radio"/> 08 Unknown <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 04 Daylight <input type="radio"/> 05 Twilight <input type="radio"/> 06 Other*			Roadway / Junction <input type="radio"/> 01 Crossover <input type="radio"/> 07 Roundabout <input type="radio"/> 13 Other* <input type="radio"/> 02 Driveway <input type="radio"/> 08 T - intersection <input type="radio"/> 03 Not a junction <input type="radio"/> 09 Y - intersection <input type="radio"/> 04 On ramp <input type="radio"/> 10 Four way intersection <input type="radio"/> 05 Off ramp <input type="radio"/> 11 Five point or more <input type="radio"/> 06 Railway crossing <input type="radio"/> 12 Unknown					
First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK ONLY ONE FOR EITHER COLLISION OR NON-COLLISION)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> COLLISION <input type="radio"/> 01 Aircraft <input type="radio"/> 09 Ditch <input type="radio"/> 17 Median barrier <input type="radio"/> 25 Train <input type="radio"/> 02 Animal <input type="radio"/> 10 Embankment <input type="radio"/> 18 Moose <input type="radio"/> 26 Tree / shrub <input type="radio"/> 03 Bicyclist <input type="radio"/> 11 Fence <input type="radio"/> 19 Parked vehicle <input type="radio"/> 27 Utility pole <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 12 Guard rail face <input type="radio"/> 20 Pedestrian <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 05 Bridge rail <input type="radio"/> 13 Guard rail end <input type="radio"/> 21 Sideswipe <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 06 Crash cushion <input type="radio"/> 14 Light support <input type="radio"/> 22 Sign <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 07 Culvert <input type="radio"/> 15 Machinery <input type="radio"/> 23 Snow berm <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 08 Curb / wall <input type="radio"/> 16 Mail box <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 32 Other fixed object </td> <td style="width: 33%; vertical-align: top;"> NON-COLLISION <input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 40 Overturn <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 41 Ran off road <input type="radio"/> 35 Downhill runaway <input type="radio"/> 42 Separation of units <input type="radio"/> 36 Equipment failure <input type="radio"/> 43 Other* <input type="radio"/> 37 Explosion / fire <input type="radio"/> 44 Unknown <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife </td> </tr> </table>											COLLISION <input type="radio"/> 01 Aircraft <input type="radio"/> 09 Ditch <input type="radio"/> 17 Median barrier <input type="radio"/> 25 Train <input type="radio"/> 02 Animal <input type="radio"/> 10 Embankment <input type="radio"/> 18 Moose <input type="radio"/> 26 Tree / shrub <input type="radio"/> 03 Bicyclist <input type="radio"/> 11 Fence <input type="radio"/> 19 Parked vehicle <input type="radio"/> 27 Utility pole <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 12 Guard rail face <input type="radio"/> 20 Pedestrian <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 05 Bridge rail <input type="radio"/> 13 Guard rail end <input type="radio"/> 21 Sideswipe <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 06 Crash cushion <input type="radio"/> 14 Light support <input type="radio"/> 22 Sign <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 07 Culvert <input type="radio"/> 15 Machinery <input type="radio"/> 23 Snow berm <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 08 Curb / wall <input type="radio"/> 16 Mail box <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 32 Other fixed object	NON-COLLISION <input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 40 Overturn <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 41 Ran off road <input type="radio"/> 35 Downhill runaway <input type="radio"/> 42 Separation of units <input type="radio"/> 36 Equipment failure <input type="radio"/> 43 Other* <input type="radio"/> 37 Explosion / fire <input type="radio"/> 44 Unknown <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife
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Location of First Sequence of Events (where did the crash happen first?)					Road Surface			Did police investigate this crash?		<input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> 01 Bike lane <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 07 Roadway <input type="radio"/> 10 Unknown <input type="radio"/> 02 Gore <input type="radio"/> 05 Parking lot <input type="radio"/> 08 Shared use paths <input type="radio"/> 03 Median <input type="radio"/> 06 Roadside <input type="radio"/> 09 Shoulder					<input type="radio"/> 01 Dry <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 07 Wet <input type="radio"/> 02 Ice <input type="radio"/> 05 Slush <input type="radio"/> 08 Other* <input type="radio"/> 03 Water <input type="radio"/> 06 Snow							
YOUR DRIVER INFORMATION												
Your Name (Vehicle Driver's Last Name, First Name, Middle Name)							Your Date of Birth		Your Contact Telephone			
Your Mailing Address					Your Driver License Number		Your Driver License State		Your Driver License Country			
Your City			Your State		Your Zip Code		Your Residence Country					
YOUR VEHICLE INFORMATION												
Your Vehicle Damage			No. of Occupants		Your Vehicle Owner's Name (Last, First, Middle Initial)				Vehicle Owner's Telephone			
<input type="radio"/> 01 None / minor <input type="radio"/> 03 Disabling <input type="radio"/> 05 Unknown <input type="radio"/> 02 Functional <input type="radio"/> 04 Totaled			<input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 01 <input type="radio"/> 05 <input type="radio"/> 08 <input type="radio"/> 07 <input type="radio"/> 06 CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		Your Vehicle Owner's Mailing Address							
					Your Vehicle Owner's City			Your Vehicle Owner's State		Vehicle Owner's Zip Code		
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #		Vehicle License State				
Your Vehicle's Direction of Travel								Damage Estimate				
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown								<input type="radio"/> Over \$501				
Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)												
<input type="radio"/> 01 Fatal <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 05 None <input type="radio"/> 07 Unknown <input type="radio"/> 02 Incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 06 Not reported												
Roadway Circumstances (that may have contributed to the crash)					Your Vehicle Action							
<input type="radio"/> 01 Debris <input type="radio"/> 07 Road surface condition <input type="radio"/> 13 Other* <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 14 Unknown <input type="radio"/> 03 Missing traffic device <input type="radio"/> 09 School zone <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 10 Work zone <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 06 Shoulder <input type="radio"/> 12 None					<input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 08 Out of control <input type="radio"/> 15 Straight ahead <input type="radio"/> 02 Backing <input type="radio"/> 09 Passing <input type="radio"/> 16 Turning right <input type="radio"/> 03 Changing lanes <input type="radio"/> 10 Parked <input type="radio"/> 17 Turning left <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 11 Skidding <input type="radio"/> 18 Other* <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 12 Slowing <input type="radio"/> 19 Unknown <input type="radio"/> 06 Making U-turn <input type="radio"/> 13 Starting in traffic <input type="radio"/> 07 Merging <input type="radio"/> 14 Stopped							
Traffic Control					Vehicle Configuration							
<input type="radio"/> 01 Flashing signal <input type="radio"/> 05 School zone signs <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 02 No traffic controls <input type="radio"/> 06 Stop sign <input type="radio"/> 10 Yield sign <input type="radio"/> 03 Road construction signs <input type="radio"/> 07 Traffic control signal <input type="radio"/> 11 Other* <input type="radio"/> 04 RR crossing device <input type="radio"/> 08 Warning signs <input type="radio"/> 12 Unknown					<input type="radio"/> 01 Dog sled <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 09 Other* <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 06 Passenger car <input type="radio"/> 10 Unknown <input type="radio"/> 03 Motorhome <input type="radio"/> 07 Pedalcycle <input type="radio"/> 04 Motorcycle <input type="radio"/> 08 Pedestrian							
CRASH DESCRIPTION (Write a brief narrative describing the crash)												

ALASKA MOTOR VEHICLE CRASH FORM 12-209**OTHER DRIVER'S INFORMATION**

Other Driver's Name (Last Name, First Name, Middle Name)			Other Driver's Date of Birth	Other Driver's Contact Telephone
Other Driver's Mailing Address		Other Driver's License #	Other Driver's License State	Other Driver's License Country
Other Driver's Mailing Address City	Other Driver's State	Other Driver's Zip Code	Other Driver's Residence Country	

OTHER DRIVER VEHICLE INFORMATION

Other Vehicle Damage <input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional <input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled <input type="radio"/> 05 Unknown	Other Vehicle No. of Occupants <input type="text"/>	Other Vehicle Owner's Name (Last, First, Middle Initial)	Other Vehicle Owner's Telephone			
 CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		Other Vehicle Owner's Mailing Address				
		Other Vehicle Owner's City			Other Vehicle Owner's State	Other Vehicle Owner's Zip
		Vehicle Year	Vehicle Make	Vehicle Model	License Plate #	Vehicle License State
		Other Vehicle's Direction of Travel <input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown				Damage Estimate <input type="radio"/> Over \$501
Other Vehicle Driver's Injury Status (vehicle passengers are listed below) <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown						

Other Driver's Roadway Circumstances (that may have contributed to the crash) <input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder <input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None <input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown			Other Driver's Vehicle Action <input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging <input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped <input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other* <input type="radio"/> 19 Unknown		
Other Driver's Traffic Control (traffic control for the other driver may have been different from yours) <input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device <input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown			Other Driver's Vehicle Configuration <input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian <input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown		

INJURY SECTION (Fill in the name of injured person, injury status, telephone number, and which vehicle they occupied when the crash occurred)

Name	Injury Status <input type="radio"/> 01 Incapacitating <input type="radio"/> 02 Non-incapacitating <input type="radio"/> 03 Possible <input type="radio"/> 04 None <input type="radio"/> 05 Unknown <input type="radio"/> 06 Incapacitating <input type="radio"/> 07 Non-incapacitating <input type="radio"/> 08 Possible <input type="radio"/> 09 None <input type="radio"/> 10 Unknown	Telephone	Vehicle License
	<input type="radio"/> 01 Incapacitating <input type="radio"/> 02 Non-incapacitating <input type="radio"/> 03 Possible <input type="radio"/> 04 None <input type="radio"/> 05 Unknown <input type="radio"/> 06 Incapacitating <input type="radio"/> 07 Non-incapacitating <input type="radio"/> 08 Possible <input type="radio"/> 09 None <input type="radio"/> 10 Unknown		
	<input type="radio"/> 01 Incapacitating <input type="radio"/> 02 Non-incapacitating <input type="radio"/> 03 Possible <input type="radio"/> 04 None <input type="radio"/> 05 Unknown <input type="radio"/> 06 Incapacitating <input type="radio"/> 07 Non-incapacitating <input type="radio"/> 08 Possible <input type="radio"/> 09 None <input type="radio"/> 10 Unknown		
	<input type="radio"/> 01 Incapacitating <input type="radio"/> 02 Non-incapacitating <input type="radio"/> 03 Possible <input type="radio"/> 04 None <input type="radio"/> 05 Unknown <input type="radio"/> 06 Incapacitating <input type="radio"/> 07 Non-incapacitating <input type="radio"/> 08 Possible <input type="radio"/> 09 None <input type="radio"/> 10 Unknown		

YOUR INSURANCE INFORMATION		CERTIFICATE OF INSURANCE		Failure to complete the Certificate of Insurance could result in the suspension of your driver's license)	
CRASH INFORMATION	Crash Date	Crash Location			
DRIVER INFORMATION	Your Name (Driver's Last Name, First Name, Middle Initial)		Your Date of Birth	Your Driver's License Number	Your Driver's License State
	Your Mailing Address		Your City	Your State	Your Zip Code
VEHICLE OWNER INFORMATION	Vehicle Owner's Name (Last Name, First Name, Middle Initial)		Owner's Date of Birth	Owner's License Number	Owner's License State
	Vehicle Owner's Mailing Address		Owner's City	Owner's State	Owner's Zip Code
VEHICLE INFORMATION	Vehicle year	Vehicle make	Vehicle model	License plate #	Vehicle License State
INSURANCE INFORMATION	Did you have a current automobile liability policy in effect covering this accident? <input type="radio"/> YES <input type="radio"/> NO				
	Insurance Company or Insurance Carrier Name			Insurance Policy Number	
	Address and Telephone Number of Insurance Agent			Insurance Policy Period: FROM	TO
SIGNATURE	YOUR SIGNATURE				

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL:

- ☐ Policy expired before crash
☐ Policy effective after crash
☐ Policy number given is incorrect
☐ Driver is not covered on policy
☐ Lapse in policy
☐ Other: _____

Authorized Representative Signature / Date

MAIL THIS FORM TO:

DMV Main Office
P.O. Box 110221
Juneau, AK 99811-0221
(907) 465-4361

ALL date fields require
Month / Day / Year.
Example: 11/4/11

STATE OF ALASKA - DIVISION OF MOTOR VEHICLES
CERTIFICATE OF INSURANCE

LAW ENFORCEMENT INCIDENT NUMBER:

CRASH INFORMATION	Date of Crash: _____ City Where Crash Occurred: _____
DRIVER	Name: _____ Date of Birth: _____ Driver License #: _____ State: _____ Mailing Address: _____ Street or Box _____ City _____ State _____ Zip _____ Daytime Telephone: _____ E-mail: _____
OWNER OF VEHICLE	Name: _____ Date of Birth: _____ Driver License #: _____ State: _____ Mailing Address: _____ Street or Box _____ City _____ State _____ Zip _____
VEHICLE	Year: _____ Make: _____ Model: _____ License Plate #: _____ VIN: _____
Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Policy Number: _____	
Name & Address of Insurance Agent: _____ Phone Number of Insurance Agent: _____	
Name of Insurance Company: _____ Policy Period: Starting & Ending Dates To _____	
Your Signature: _____	Sign your form after printing. _____ Date: _____

DO NOT WRITE BELOW THIS LINE. THE DIVISION OF MOTOR VEHICLES WILL CONTACT YOUR INSURANCE COMPANY.

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash please check the appropriate box below and mail or fax this form to the Division of Motor Vehicles at the address or fax number listed on the reverse of this form. If indicated coverage was in effect at the time of the crash, no action is required.

REASON NOT VERIFIED: ☐ Insurance information is incorrect ☐ No insurance in effect at time of crash

Signature of

Authorized Representative _____

Date _____

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR-22 insurance); (4) a deposit of security and proof of future financial responsibility (SR-22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR-22 insurance), and pay a reinstatement fee of \$100 to \$500, in addition to the fee for the license being requested, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address on your driver's license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's crash report is required if the crash was not investigated by a peace officer and the total amount of damage exceeds \$2,000, or there was personal injury.

Mail or Fax Completed Form To:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
PO BOX 110221
JUNEAU AK 99811-0221

Fax: (907) 465-5509

Phone: (907) 465-4361